

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Glacier PAC

ADDRESS (number and street)

3242 Cummins Way

☐Check if different  
than previously  
reported. (ACC)

Missoula

MT

59802

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00353953

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Monica Paoli

Signature of Treasurer

Electronically Filed by Monica Paoli

Date

06

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
Glacier PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	96613.83
(b) Cash on Hand at Beginning of Reporting Period .....	58825.68	
(c) Total Receipts (from Line 19) .....	19750.00	216900.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	78575.68	313513.83
7. Total Disbursements (from Line 31) .....	18667.47	253605.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59908.21	59908.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Glacier PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	250.00	32700.00
(i) Itemized (use Schedule A) .....	0.00	200.00
(ii) Unitemized .....	250.00	32900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	19500.00	169000.00
(c) Other Political Committees (such as PACs) .....	19750.00	201900.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	19750.00	216900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19750.00	216900.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	13167.47	151845.62	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	13167.47	151845.62	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	77500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	500.00	24260.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18667.47	253605.62	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18667.47	253605.62	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	19750.00	201900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19750.00	201900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13167.47	151845.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13167.47	151845.62

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glacier PAC

**A.**

Full Name (Last, First, Middle Initial)

W. Bjarne Johnson

Mailing Address 500 Fox Ct.

City

Great Falls

State

MT

Zip Code

59404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	0

Transaction ID: C18638531

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 17

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Glacier PAC

**A.**

Full Name (Last, First, Middle Initial)

Edison International Pac

Mailing Address 520 S Grand Avenue Suite 700

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing  
federal political committee.

**C**

C00019653

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: C18640015

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Investment Company Institute Political Action Comm

Mailing Address 1401 H Street Nw Suite 1200

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C**

C00105981

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C18625733

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

National Association Of Realtors Political Action

Mailing Address 430 North Michigan Avenue

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

**C**

C00030718

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: C18635696

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Glacier PAC

**A.**

Full Name (Last, First, Middle Initial)

Novartis Employee Good Government Fund

Mailing Address 701 Pennsylvania Ave. Nw  
Suite 725

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00033969

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: C18638968

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

SANOPI PASTEUR POLITICAL ACTION COMMITTEE

Mailing Address DISCOVERY DRIVE

City State Zip Code  
SWIFTWATER PA 18370

FEC ID number of contributing  
federal political committee.

**C** C00215236

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

Transaction ID: C18628775

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

19500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Glacier PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ashmead Group</p> <p>Mailing Address 122 C Street, NW Suite 505</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement PAC Fundraising consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D406776 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 5 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>3900.00</div> </div> </p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob Diller for House District 60</p> <p>Mailing Address 1050 Pope Road</p> <p>City Park City State MT Zip Code 59063</p> <p>Purpose of Disbursement Voided check prior period</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D407054 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>-160.00</div> </div> </p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Campaign Compliance LLC</p> <p>Mailing Address 3242 Cummins Way</p> <p>City Missoula State MT Zip Code 59802</p> <p>Purpose of Disbursement Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D406765 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>2275.00</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6015.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Glacier PAC

**A.**

Full Name (Last, First, Middle Initial)  
Campaign Compliance LLC

Mailing Address 3242 Cummins Way

City State Zip Code  
Missoula MT 59802

Purpose of Disbursement  
PAC Postage/shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406766

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.31

**B.**

Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address P.O. Box 1140

City State Zip Code  
Memphis TN 38101

Purpose of Disbursement  
PAC Postage/shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406763

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.01

**C.**

Full Name (Last, First, Middle Initial)  
Maura Hagerty

Mailing Address 223 Massachusetts Avenue, NE 2nd F

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Petty cash

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406779

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

144.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Glacier PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Maura Hagerty	<b>Transaction ID:</b> D406780 <b>Date of Disbursement</b>
Mailing Address 223 Massachusetts Avenue, NE 2nd F	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Petty cash	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Innovative Merchant	<b>Transaction ID:</b> D406764 <b>Date of Disbursement</b>
Mailing Address 26541 Agoura Road #200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div>
City Calabasas State CA Zip Code 91302	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Credit Card Processing fee	<div>19.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mitch Tropila SD 12	<b>Transaction ID:</b> D406341 <b>Date of Disbursement</b>
Mailing Address PO Box 929	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 0</div> </div>
City Great Falls State MT Zip Code 59403-0929	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Voided check prior period	<div>-160.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**-90.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Glacier PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Drive Suite 300</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D406781</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1588.49</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Drive Suite 300</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D406769</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 123.03</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Drive Suite 300</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D406772</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1588.49</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

3300.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Glacier PAC

**A.**

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address P.O. Box 646

City State Zip Code  
Baltimore MD 21265

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406767

Date of Disbursement

/   /

Amount of Each Disbursement this Period

103.74

**B.**

Full Name (Last, First, Middle Initial)  
Paychex

Mailing Address 3060 Williams Drive  
Suite 300

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406771

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1830.92

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Kelley

Mailing Address 7036 N. Wall Avenue

City State Zip Code  
Portland OR 97203

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406773

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1830.92

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

1934.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Glacier PAC

**A.**

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 3060 Williams Drive  
Suite 300

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406782

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Kelley

Mailing Address 7036 N. Wall Avenue

City State Zip Code  
Portland OR 97203

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D406783

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**1830.92**

**TOTAL** This Period (last page this line number only) .....

**13134.86**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Glacier PAC

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City  
LITTLE ROCK

State  
AR

Zip Code  
72203

Purpose of Disbursement  
Contribution

Candidate Name  
Blanche Lincoln

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: AR District: 00

Runoff

Transaction ID: D406775

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Glacier PAC**A.**Full Name (Last, First, Middle Initial)  
Pat Noonan for House District 73

Mailing Address PO Box 29

City Ramsay State MT Zip Code 59748

Purpose of Disbursement  
Voided check prior period

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D407664

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Amount of Each Disbursement this Period

-160.00

**B.**Full Name (Last, First, Middle Initial)  
Will Hammerquist for House District 4

Mailing Address Post Office Box 521

City Whitefish State MT Zip Code 59937

Purpose of Disbursement  
Contribution-state

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D406778

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Amount of Each Disbursement this Period

160.00

**C.**Full Name (Last, First, Middle Initial)  
Will Hammerquist for House District 4

Mailing Address Post Office Box 521

City Whitefish State MT Zip Code 59937

Purpose of Disbursement  
Voided check prior period

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D407663

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Amount of Each Disbursement this Period

-160.00

SUBTOTAL of Disbursements This Page (optional) ►

-160.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Glacier PAC

**A.** Full Name (Last, First, Middle Initial)  
Will Hammerquist for House District 4

Mailing Address Post Office Box 521

City State Zip Code  
Whitefish MT 59937

Purpose of Disbursement  
Contribution -state

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D406774

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.00

**B.** Full Name (Last, First, Middle Initial)  
Yellowstone County Democrats

Mailing Address c/o James Corson 410 15th St., W.

City State Zip Code  
Billings MT 59102

Purpose of Disbursement  
Contribution-state

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D406777

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

500.00